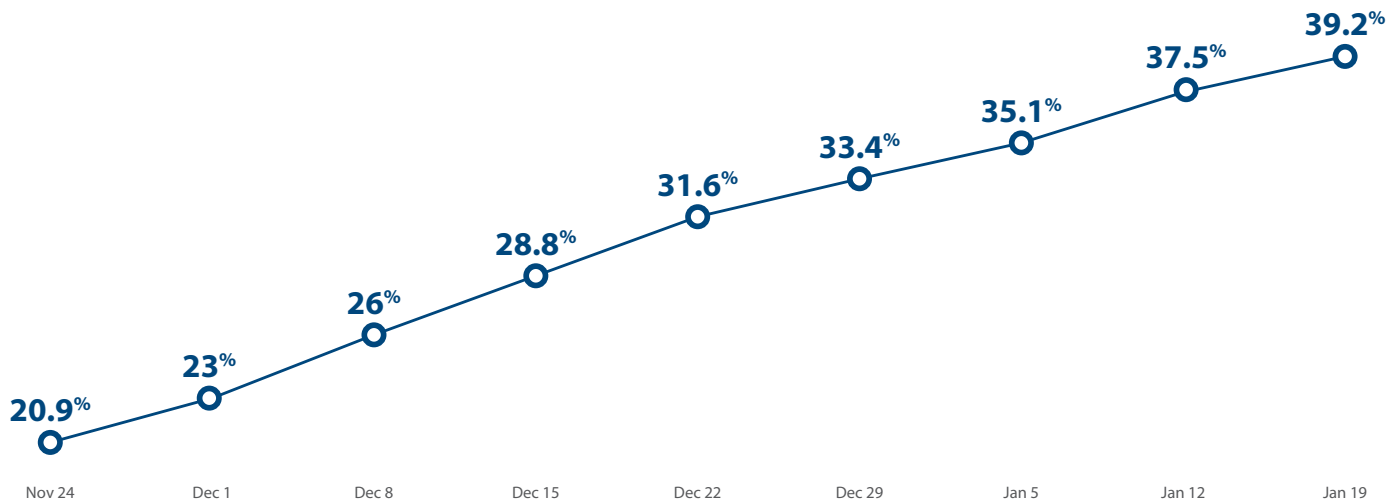


COVID-19: Response Report

Booster Doses

Utah is experiencing a dramatic increase in COVID-19 cases, driven largely by the emergence of the Omicron variant. Studies have shown that a booster dose offers significant protection against the new variant.

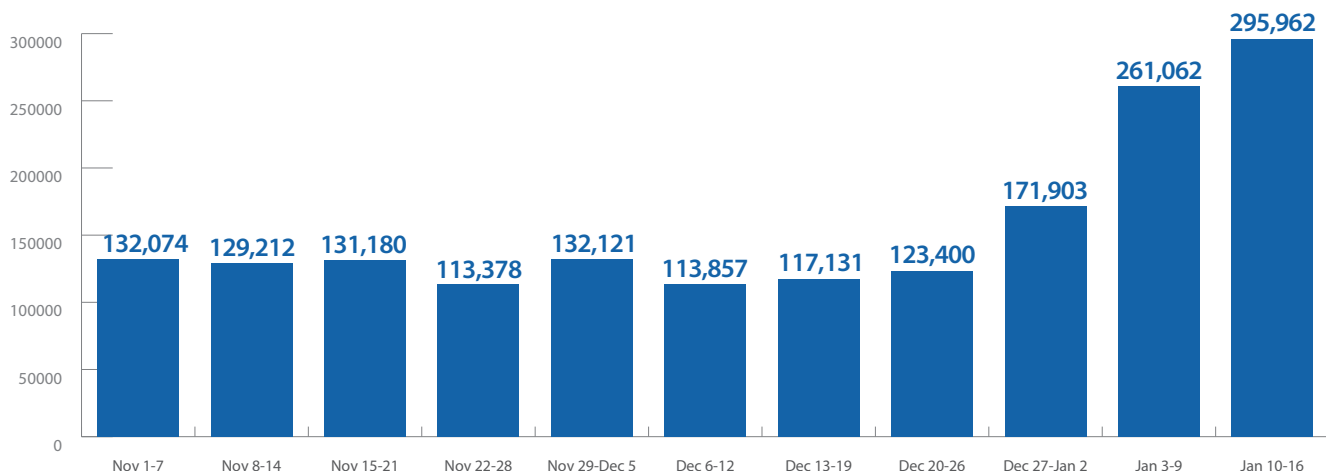
Adults who have received a booster dose



Testing

The surge of cases has also created significant demand at testing locations throughout the state. Being tested at the first sign of symptoms is important in order to receive treatment with either monoclonal antibodies or newly authorized antiviral pills. While both of these treatments are currently in very limited supply, establishing early testing as a regular behavior will be an important element of the COVID-19 response as treatment supply improves.

Total test conducted



Schools

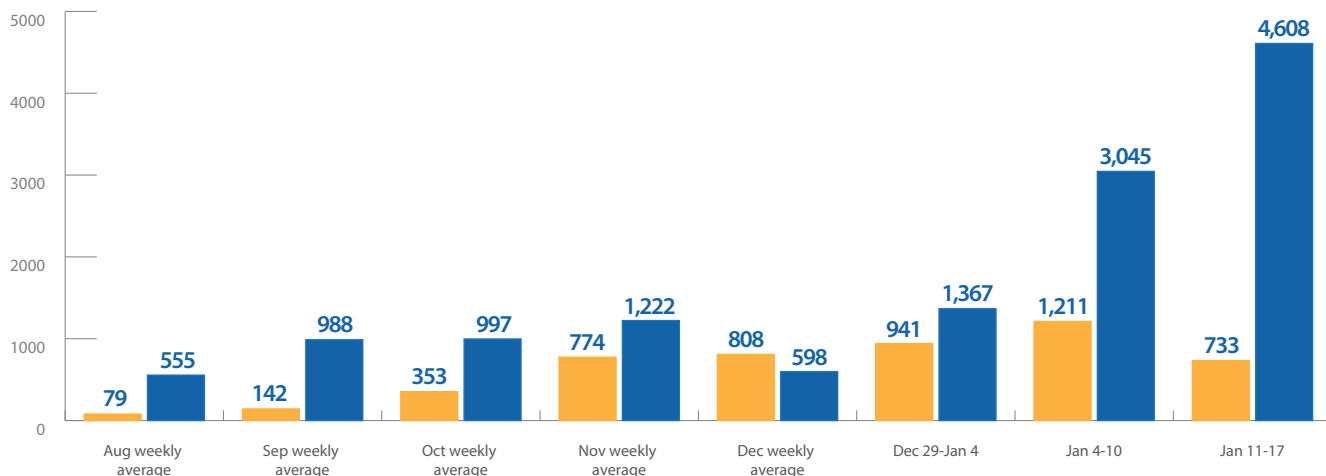
Increase in child vaccination rates

Children ages 5-17 are now eligible to receive the COVID-19 vaccine. Children ages 5-11 have been eligible to receive the vaccine since November 2021. Children ages 12-17 years old have been eligible to receive the COVID-19 vaccine since earlier in 2021.

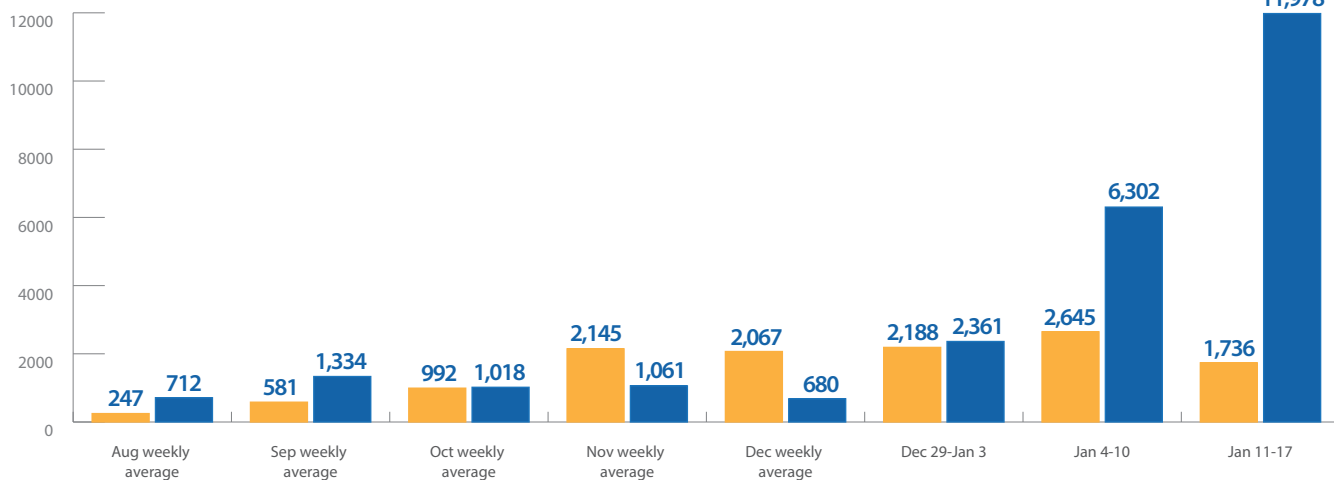
	Local Health District	5-11 year olds who are fully vaccinated	Percent of 5-11 year olds who are fully vaccinated	12-17 year olds who are fully vaccinated	Percent of 12-17 year olds who are fully vaccinated
>60% Ages 12-17 fully vaccinated	Summit County	1,562	40.6	2,858	71.5
	Davis County	12,565	28	26,220	66.9
	Salt Lake County	32,826	27.5	68,719	65.2
>40% Ages 12-17 fully vaccinated	Weber-Morgan	5,055	16.8	13,960	53.2
	Tooele County	1,558	16.3	4,469	53
	Wasatch County	865	20.7	2,064	51.3
	Bear River	2,905	12.8	9,486	48.3
	San Juan	445	25.5	790	47.8
	Utah County	15,925	19.4	33,024	46.6
>20% Ages 12-17 fully vaccinated	Southeast Utah	404	10	1,145	30.5
	Central Utah	647	7.4	2,615	30.1
	Southwest Utah	1,807	6.9	7,298	29.8
	TriCounty	483	6.6	1,718	26.6

Comparing COVID-19 cases among school-aged children from 2020-2021 and 2021-2022

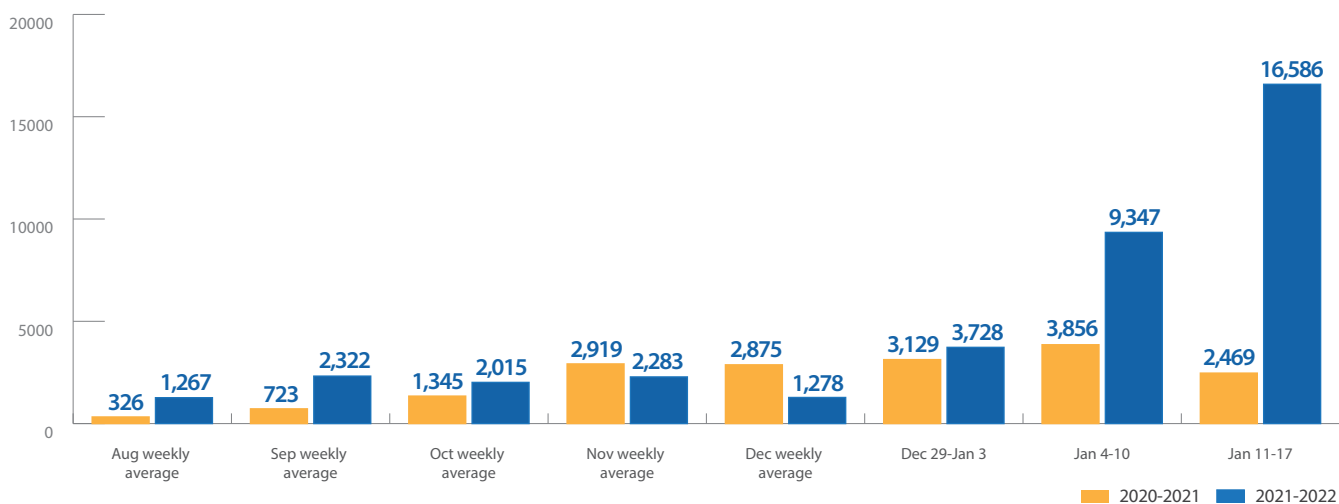
Positive cases of children ages 5-10



Positive cases of children ages 11-17



Positive cases of children ages 5-17



Data on school-level cases, case counts by elementary, middle, and high school-aged youth, hospitalizations and vaccinations among school-aged youth, and information on MIS-C cases is available at coronavirus.utah.gov/case-counts/#schools.



Schools at or above the Test to Stay threshold

On January 14, state leaders directed school districts and the Utah Department of Health to temporarily pause all Test to Stay events. The rapid surge of cases, driven by the Omicron variant, has significantly decreased the ability of Test to Stay to identify cases early and prevent school-based outbreaks. The program will be re-evaluated by the Utah State Legislature.

The table below shows the results of Test to Stay events held during the 2021-2022 school year.

Test to Stay events during 2022

Week	Name of School	# of students who tested	# of students who tested positive	Percent positivity from Test to Stay (TTS)	School enrollment*
1/12-1/20	Ecker Hill Middle School	635	32	5%	766
	Riverton High School	1,279	189	14.8%	2,257
	Herriman High School	1,483	239	16.1%	2,071
	Viewmont High School	1,262	148	11.7%	1,395
	Layton High School	1,601	268	16.7%	2,176
	Woods Cross High School	1,381	183	13.2%	1,574
	Alta High School	1,434	213	14.9%	2,281
	Olympus High School	1,600	227	14.2%	2,130
	Stansbury High School	1,031	116	11.3%	1,762
1/6 - 1/12	Park City High School	861	37	4.3%	1,245
	Skyline High School	1,569	229	14.6%	2,134
	Juan Diego Catholic School	559	48	8.6%	767
	Treasure Mt. Jr. High	897	89	10%	818
	Cottonwood High/AMES	1,590	280	17.6%	2,135
1/1 - 1/5	None				

Test to Stay events during fall 2021 school year

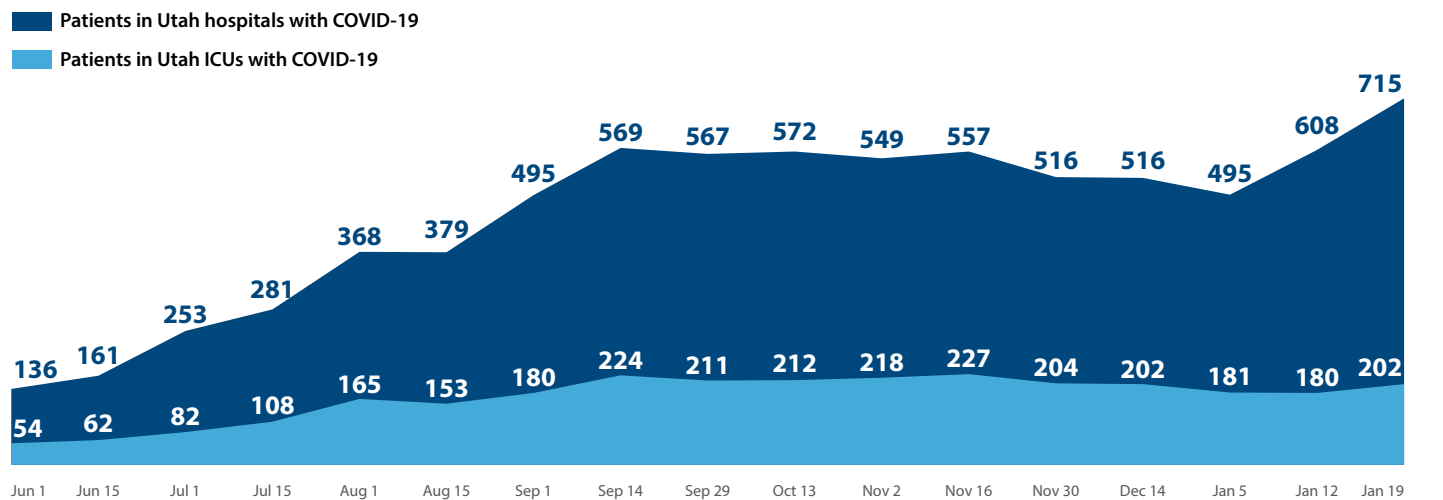
Total Events	# of students tested	# of students who tested positive	Percent positivity from TTS	School enrollment*
11	8,058	286	3.5%	8,544

*School enrollment data is based on the 2020-2021 school year as reported to the UDOH by the Utah State Board of Education (USBE). Statewide enrollment data for the current 2021-2022 school year is not publicly available from the USBE until late fall 2021.



COVID-19 related hospitalizations

The number of patients being treated for COVID-19 in hospitals and ICUs has increased dramatically since the beginning of last summer. From June 2021 through today, the number of patients hospitalized for COVID-19 increased by 426%. COVID hospitalizations have decreased recently; however, with surging caseloads and many hospitals experiencing workforce shortages due to staff being infected with COVID-19, it is expected COVID hospitalizations will increase over the next couple of weeks.



Pressure on hospitals

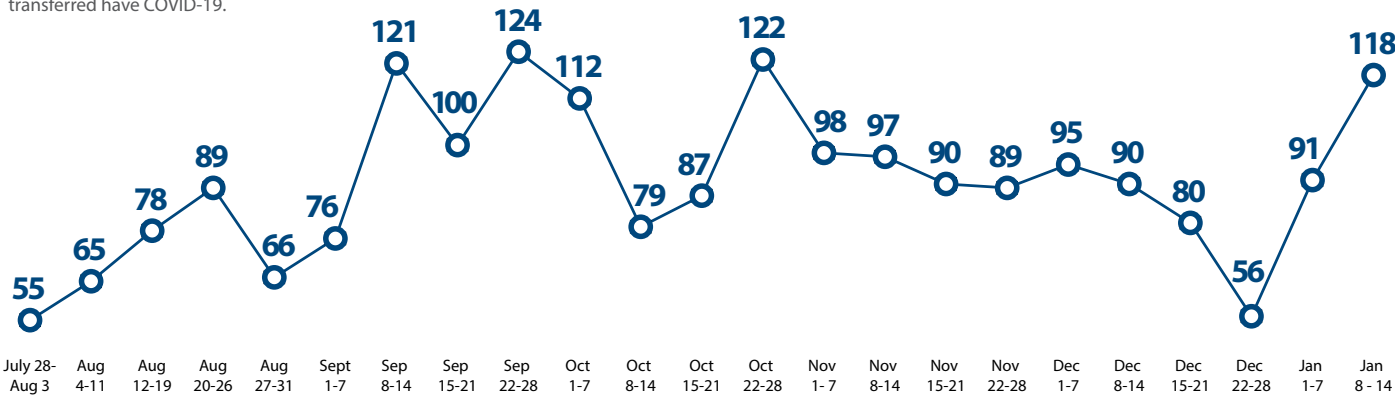
Patient transfers are another indicator of the current demand on hospitals. Patients may need to be transferred to another hospital for many reasons: hospitals may not have the equipment needed or specialized staff to treat patients with cardiac problems, severe injuries from car crashes, burns, or COVID-19, etc. Currently, many transfers occur because the hospital where the patient originally arrives does not have enough staffed ICU beds when the person arrives at the ER. This need for patient transfers affects all patients.

Delays in getting into a hospital aren't just inconvenient, they can also impact the care a patient receives or the ability of a family to visit a patient during their hospital stay.

Patients needing a transfer*



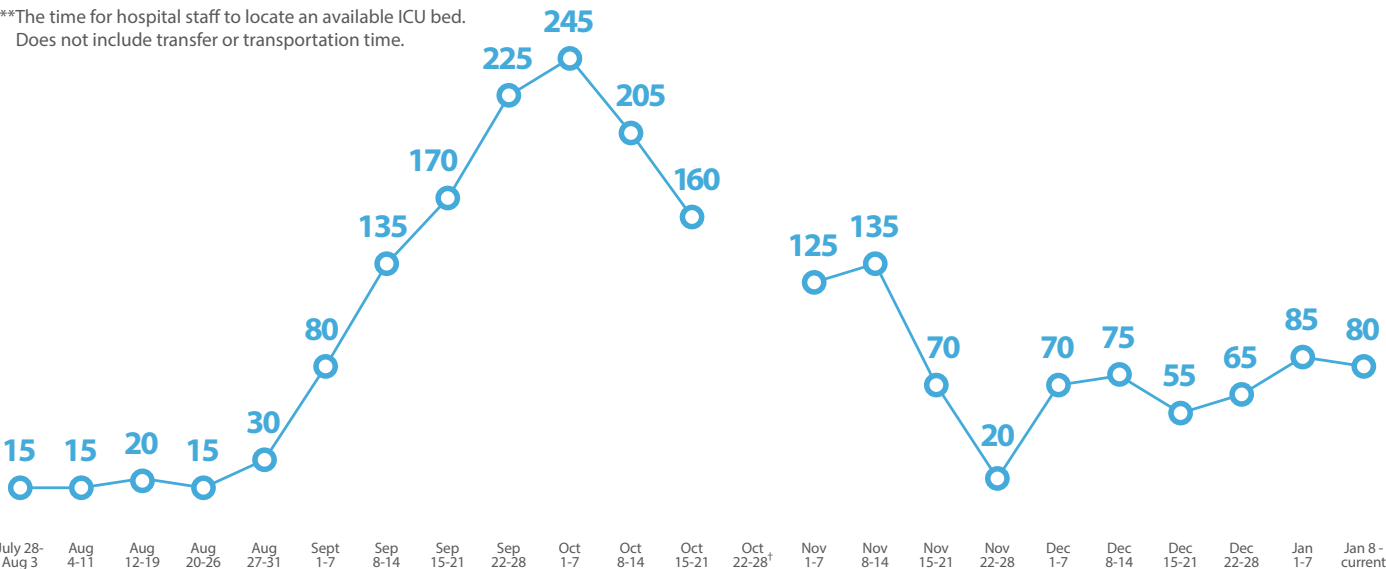
*People who needed to be transferred to another hospital for higher levels of care. Not all patients who need to be transferred have COVID-19.



Wait time to find an ICU bed (minutes)**



**The time for hospital staff to locate an available ICU bed. Does not include transfer or transportation time.



† Two patient transfers took 48 hours to complete.

Treatments

People at high risk for severe illness may benefit from new medications available to treat COVID-19. Monoclonal antibody (mAb) treatment has been available since November 2020 and new oral antiviral pills received emergency use authorization in December 2021. Supply of these new medications is improving, but is extremely limited currently.

Based on current case counts in Utah, at least 4,200 Utahns at highest risk of severe illness from COVID-19 are eligible for treatment each week. But only 778 combined available treatments (mAb and antiviral pills) were allocated to Utah in the last week.

UDOH has distributed this very limited supply across the entire state, but only a fraction of Utahns eligible to receive treatment will have access.

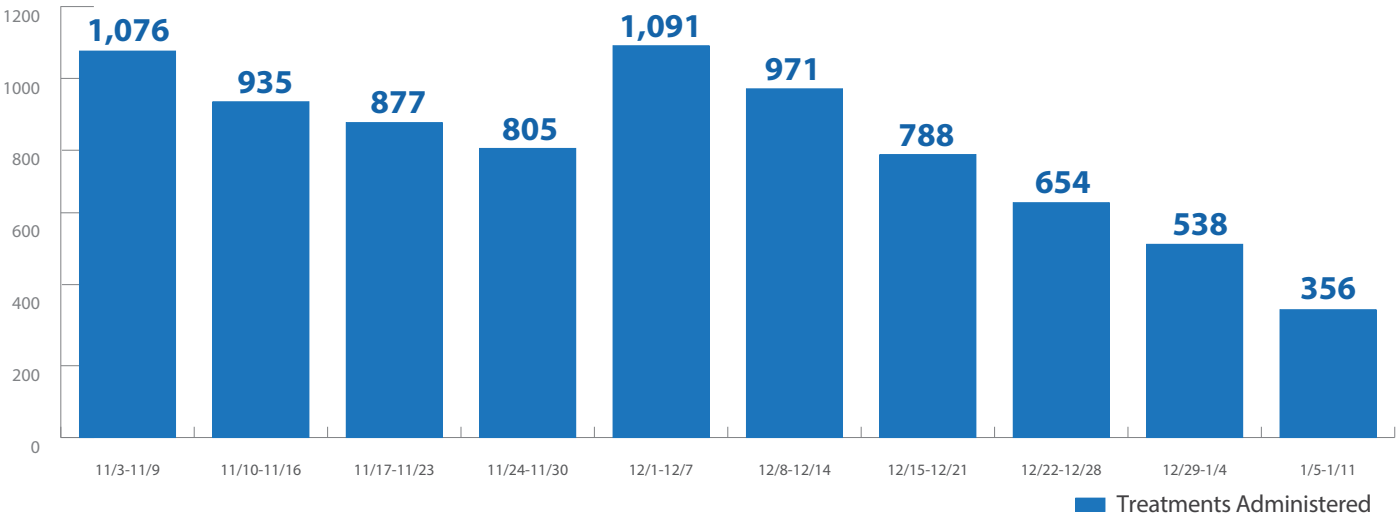
Monoclonal Antibody Administrations

To date, more than 15,000 mAb treatments have been administered by UDOH and healthcare providers.

Unfortunately, the two most available mAb treatments are not effective against the Omicron variant, which now represents more than 90% of infections in Utah. As a result, there has been a dramatic reduction in viable doses available for weekly administrations.



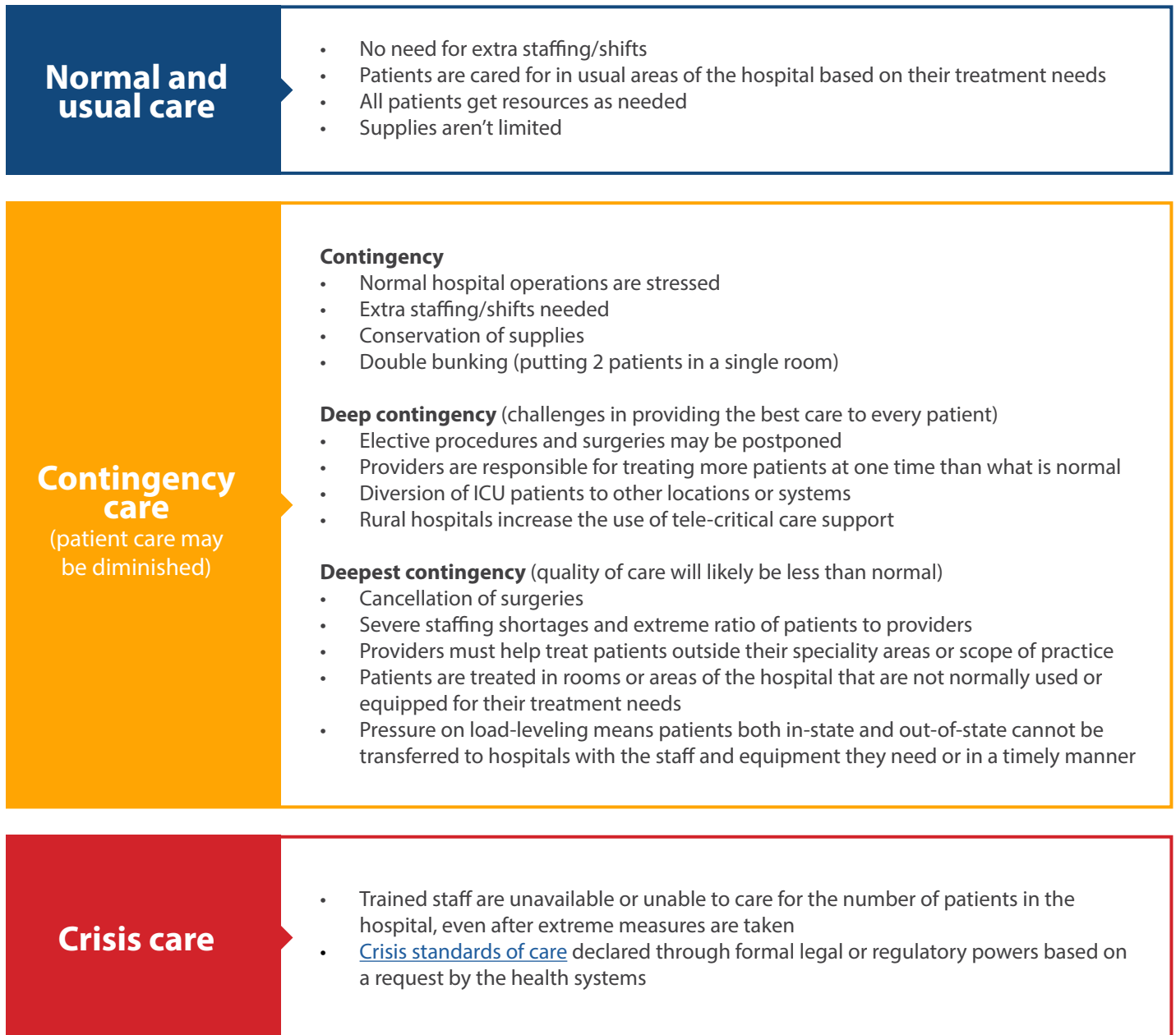
Monoclonal Antibody Administrations



Continuum of Care



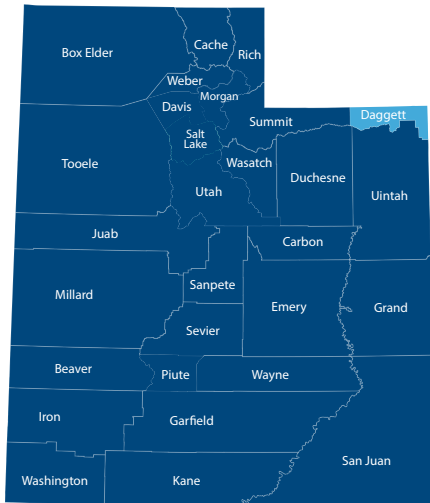
*Utah's current level



Surges in COVID-19 can overwhelm hospital capacity to the point that patient care may be diminished. Patients may not receive the best care they deserve. Patients and families may have to travel far greater distances than is ideal or normal for care or to secure a hospital bed. Care for injuries or medical issues that are not immediately life-threatening may be delayed.

Hospital capacity changes minute-by-minute as contingency plans are implemented. These strategies are not listed in any particular order and serve as examples for what must be done to preserve patient care as best as possible. Hospitals may be at different points on the continuum of care across the state. As the number of hospitalized patients changes, some or all of these strategies may be needed. At this time, many hospitals in Utah are using deepest contingency care.





COVID-19 Transmission Index




The COVID-19 Transmission Index places counties in high, moderate, or low levels of transmission using defined public health metrics. These levels correspond directly to case rates, positivity rates, and ICU utilization. The transmission index is updated weekly on Thursdays. Visit coronavirus.utah.gov/utah-health-guidance-levels to see your county's current transmission level and specific data points.

LEVEL OF TRANSMISSION
HIGH
MODERATE
LOW



HB 294 Metrics

House Bill 294 terminated certain COVID-19 public health orders when thresholds for case rates, intensive care unit (ICU) utilization, and vaccinations were met. On May 4, 2021, these thresholds were met and the public health orders ended. Currently, the state's case rates and ICU utilization are **2.4 to 22.5 times higher** than these thresholds.

Metrics	High	Low	Current
 <p>Statewide 7-day average COVID-19 ICU utilization is less than 15%</p>	46% on 10/7/21 (3.1x above threshold)	5% on 5/11/21 (3.0x below threshold)	36.3% (2.4x above threshold)
 <p>Statewide 14-day case rate is less than 191 cases per 100,000</p>	4,290 per 100,000 people on 1/19/22 (22.5x above threshold)	96 per 100,000 people on 6/1/21 (2x below threshold)	4,290 per 100,000 people (22.5x above threshold)
 <p>1,633,000 prime doses of COVID-19 vaccine allocated to the state</p>	Target met May 4	Target met May 4	Target met May 4 2,191,956 people have received at least one dose

